

Bigelow (H. R.)

AMERICAN
OVARIOTOMIES

BY

HORATIO R. BIGELOW, M.D.,

Washington, D. C.



*Reprinted from THE AMERICAN JOURNAL OF OBSTETRICS AND DISEASES
OF WOMEN AND CHILDREN, Vol. XV., No. II., April, 1882.*

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SOME months ago, I addressed circular letters to the following gentlemen, requesting full answers to a list of questions, which appear below: Drs. Sims, Thomas, Emmet, Goodell, Byford, Noeggerath, Mundé, Bozeman, Homans, Dunlap, Kimball, Murphy, J. Ford Thompson, Chadwick, Ehrich, Skene, Battey, Wilson, Wile, McGuire, Howard, Dawson, Reamy, and some others.

Questions:

- | | |
|---|--|
| 1. Number of operations. | 10. Operation used, laparotomy, etc. |
| 2. Married or single. | 11. Listerism or not. |
| 3. Age. | 12. Size of tumor. Multiple or not. Adhesions. |
| 4. Nature of tumor. | 13. Clamp or ligature. |
| 5. Aspiration or not. | 14. Drainage. |
| 6. Duration. | 15. After-treatment. |
| 7. Preliminary treatment. | 16. Result. |
| 8. Anesthetic used. | 17. Cause of death. |
| 9. In how many cases was operation commenced and abandoned. | 18. Remarks. |

In addition to these letters, the editors of several medical journals were kind enough to introduce a short notice in their publications, requesting the profession to furnish me with any statistics they might have. The results have been embodied in this paper, which will, I trust, be valuable as the only attempt at a thorough classification of American ovariectomies yet published. I desire to express my grateful appreciation of the kindness of those medical gentlemen, who have taken time from large and remunerative practices to furnish me with their statistics, and to convey my recognition of the courtesy of the editors who aided me. In a just balancing of results, or in the consideration of the death-rate from operations, it is well to bear always in mind that some ovariectomies are commenced, but further procedure abandoned in consequence of unexpected embarrassments. Others are fully finished, though with an almost hopeless result staring the surgeon in the face. An honest list of fully completed ovariectomies will necessarily increase the percentage of fatal results. Many cases of operations instituted, but never carried out, in which the patients eventually die of the disease, are not placed on record. This is unfortunate, because it is unjust to those who tabulate every case or who complete every operation when once attempted. I shall first report the cases as sent me; then give each an individual analysis, and close with a general analysis of all the statistics. The cases are reported in the order in which they were received.

Cases of JOHN HOMANS, M.D., Boston.

Dr. Homans' first five cases were performed without Listerism, and were all fatal.

No.	DATE.	PLACE OF OPERATION.	CONDITION.	AGE.	LENGTH OF INCISION.	ADHESIONS.	TREATMENT OF PEDICLE.	WEIGHT OF TUMOR.	RESULT.	REMARKS.
6	Feb. 27, 1877.	Carney Hosp.	S.	16	4½ in.	Slight and vascular to omentum.	Tied in halves with carbolized catgut.	21 lbs.	Recov. rapid.	Well, strong, and working hard in 1878. Catamenia regular since August, 1877.
7	Mar. 30, 1878.	"	S.	20	5 in.	Almost universal to anterior and lateral abdominal parietes.	Do.	29 lbs.	Recov.	Went home at the end of four weeks. Catamenia regular since May, 1878. In November, well and strong; has gained twenty pounds in weight.
8	Aug. 31, 1878.	"	W.	58	4 in.	To uterus by strong and thick vascular bands.	Do.	20 lbs.	Recov.	Went home at the end of four weeks.
9	Sept. 17, 1878.	"	W.	60	4 in.	Delicate cellular adhesions to envelope, like those of an easily separable fatty tumor.	No pedicle.....	24 lbs.	Recov. immediate.	Went home on sixteenth day.
10	Sept. 29, 1878.	"	M.	24	4½ in.	Slight peritoneal; extensive omental.	Tied as in other cases.	14 lbs.	Recov. rapid.	Went home on twenty-first day. Peritonitis and purulent inflammation of the cyst walls at time of operation.
11	Nov. 8, 1878.	Boston.....	S.	48	4 in.	Strong and intimate to peritoneum, pelvis, mesentery, and intestine.	Do.	42½ lbs.	Death.	Death from shock in fourteen hours.
12	Dec. 28, 1878.	Northfield, Vt.	M.	47	5 in.	To intestine and omentum.	Tied with catgut, without transfixion; several circular ligatures applied.	Not determined.	Recov.	A burst papillomatous cyst; peritonitis, with patches of lymph on the peritoneum, and considerable ascites were present. Patient had been vomiting, and had hectic fever for two weeks. A piece of cyst wall, adherent to intestine, was cut out with scissors, and left otherwise undisturbed.

—	Dec. 18, 1878.	Stoneham, Mass.	W.	62	5 in.	Exploratory incision.	Tumor not removed....	Recov.	Tumor solid and lobulated, attached to sacrum, ileum, and uterus. Fluid (40 lbs.) ascitic. No opiate required.	
13	Nov. 26, 1879.	Carney Hosp..	S..	24	6 in.	Slight.	Tied with carbo- lized silk, and dropped back.	12 lbs.	Recov.	Both ovaries removed. Menstrua- tion regular, but more painful than before ovariectomy. One cyst dermoid.
14	Dec. 21, 1878.	"	S..	33	4 in.	Omental and intestinal.	Do.	25 lbs.	Recov.	
15	Feb. 8, 1880.	Boston	M.	39	4 in.	None.....	Do.	25 lbs.	Recov.	
16	Mar. 7, 1880.	Carney Hosp..	M.	28	3 in.	None.....	Do.	27 lbs.	Recov.	Cyst of the left broad ligament.
17	Mar. 23, 1880.	Taunton	M.	37	3½ in.	Slight.....	Do.	20 lbs.	Recov.	
18	Apr. 1, 1880.	Carney Hosp..	S..	18	5 in.	Universal and intimate to anterior parietes, and slightly to omentum	Tied as above, and burnt off with Paque- lin's cautery.	45 lbs.	Recov.	Adhesions burnt off with Paquelin's cautery.
19	Apr. 17, 1880.	Fall River ...	M.	48	3 in.	None.....	Do.	8¾ lbs.	Recov.	
20	Apr. 29, 1880.	Carney Hosp..	S..	58	2½ in.	None	Do.	14 lbs.	Recov.	
21	May 18, 1880.	Mt. Holly, Vt.	M.	38	3½ in.	None.....	Do.	50 lbs.	Recov.	
22	July 10, 1880.	Boston	M.	57	4 in.	None.....	Do.	48 lbs.	Recov.	
23	July 15, 1880.	Carney Hosp..	S..	47	4 in.	None.....	Do.	18 lbs.	Recov.	Cyst of left broad ligament.
24	July 31, 1880.	"	M.	47	6 in.	Intimate and recent to omentum and intes- tines.	Do.	11 lbs.	Recov.	The omentum turned up and laid on a carbolized towel, and the intestines turned downwards towards the pubes during the removal of the cyst.

No.	DATE.	PLACE OF OPERATION.	CONDITION.	AGE.	LENGTH OF INCISION.	ADHESIONS.	TREATMENT OF PEDICLE.	WEIGHT OF TUMOR.	RESULT.	REMARKS.
25	Aug. 1, 1880.	Carney Hosp..	M.	30	3½ in.	None.....	Tied as above, and burnt off, with Paque- lin's cautery.	25 lbs.	Recov.	Dermoid cyst.
26	Aug. 21, 1880.	"	M.	29	6 in.	Almost universal and re- cent to parietal perito- neum.	Do.	23 lbs.	Recov.	Papilloma.
27	Aug. 22, 1880.	"	M.	29	6 in.	Slight.	Do.	51 lbs.	Recov.	Forty ounces of serum removed by aspiration from the left thoracic cavity on the fourth day after ovariotomy.
28	Sept. 1, 1880.	Woburn, Mass.	M.	46	8 in.	To peritoneum, small intestine, and dia- phragm; firm and old.	Do.	39 lbs.	Death..	Exhaustion on fifth day. Very hot weather.
29	Sept. 2, 1880.	Auburndale ..	M.	47	7 in.	None.....	Do.	40 lbs.	Recov.	Fluid gelatinous.
30	Sept. 7, 1880.	Carney Hosp..	M.	27	6 in.	Intimate and old, or con- genital, to small intes- tine, mesentery and uterus; in fact, incor- porated with them.	Do.	20 lbs.	Death..	Shock. Papilloma.
31	Sept. 23, 1880.	"	M.	33	4 in.	Recent to anterior peri- toneum.	Do.	46 lbs.	Recov.	Sixty-five pounds of ascitic and ovarian fluid removed by tapping within the last three weeks before operation.
32	Oct. 2, 1880.	"	S..	48	5 in.	Universal, old and new, to peritoneum.	Do.	38 lbs.		

33	Oct. 6, 1880.	Carney Hosp..	W.	38	3½ in.	Solid, old, to uterus, omental, and pelvic.	Tied as above, and burnt off, with Paque- lin's cautery.	15¼ lbs.	Recov.	Cyst more or less enucleated.
34	Oct. 23, 1880.	"	M.	45	2½ in.	None.....	Do.	10½ lbs.	Recov.	
35	Nov. 6, 1880.	"	W.	31	2½ in.	None.....	Do.	21¾ lbs.	Recov.	
36	Nov. 18, 1880.	"	S..	31	6 in.	To intestine and uterus.	Do.	18 lbs.	Recov.	The portion of the cyst adherent to bowels was cut out and left behind.
37	Nov. 28, 1880.	"	W.	52	3 in.	"	Do.	30 lbs.	Recov.	
38	Jan. 6, 1881.	"	S..	26	5 in.	None.....	Do.	14 lbs.	Recov.	
39	Jan. 26, 1881.	"	S..	38	5 in.	None.....	Do.	15½ lbs.	Recov.	
40	Jan. 27, 1881.	"	W.	63	5 in.	To both Fallopian tubes and to sigmoid flexure	Do.	9¼ lbs.	Recov.	Dermoid cyst Considerable ascites.
41	Apr. 5, 1881.	"	S..	40	6 in.	None.....	Do.	5 lbs.	Recov.	Dermoid cyst, and attached to this a spindle-celled sarcomatous tumor. A uterine fibroid, two pounds weight, also removed.
42	Apr. 14, 1881.	"	M.	40	4½ in.	None.....	Do.	36 lbs.	Recov.	
43	Apr. 16, 1881.	"	M.	42	8 in.	Parietal, intestinal, and omental.	Do.	.....	Death..	Died of exhaustion on the third day. Very severe operation. Tumor very vascular and nearly solid.
44	Apr. 17, 1881.	"	M.	29	4½ in.	Strong and old; anteri- only.	Do.	42¼ lbs.	Recov.	Both ovaries removed.
45	May 5, 1881.	"	M.	34	4 in.	None.....	Do.	26 lbs.	Recov.	
46	May 22, 1881.	Free Hospital for Women.	M.	39	5 in.	None.....	Do.	12 lbs.	Recov.	Much ascitic fluid.
47	May 26, 1881.	Carney Hosp..	M.	42	7 in.	Very vascular; anteri- only and to omentum.	Do.	15 lbs.	Recov.	Considerable hemorrhage during ope- ration.

No.	DATE.	PLACE OF OPERATION.	CONDITION.	AGE.	LENGTH OF INCISION.	ADHESIONS.	TREATMENT OF PEDICLE.	WEIGHT OF TUMOR.	RESULT.	REMARKS.
48	June 8, 1881.	Carney Hosp.	M.	40	4½ in.	None...	Tied as above, and burnt off, with Paquelin's cautery.	10 lbs.	Recov.	Cyst dark blue, very vascular. In appearance resembling the fetal side of a placenta.
49	June 9, 1881	Boston	M.	42	4 in.	None.....	Do.	13 lbs.	Recov.	
50	June 11, 1881.	Carney Hosp..	M.	51	4 in.	None.	Do.	34¾ lbs.	Recov.	
51	June 21, 1881.	Boston	S.	18	4 in.	Anteriorly and to omentum.	Do.	25 lbs.	Recov.	
52	June 30, 1881.	Carney Hosp..	W.	55	6 in.	None.....	Do.	13 lbs.	Recov.	Tumor cancerous.
53	July 7, 1881.	"	S.	30	5 in.	None.....	Do.	8 lbs.	Recov.	Pedicle slipped from clamp before it was burnt off, and in order to pick it up and secure it, the incision had to be enlarged. Cyst of broad ligament.
54	July 11, 1881.	"	M.	23	4 in.	None.....	Do.	11½ lbs.	Recov.	
55	July 25, 1881.	"	S.	14	3 in.	None.....	Do.	11¾ lbs.	Recov.	
56	July 27, 1881.	Boston ...	S.	49	3 in.	None.....	Do.	12 lbs.	Recov.	Both ovaries removed.
57	Sept. 1, 1881.	Carney Hosp..	S.	24	3 in.	None.....	Do.	2½ lbs.	Recov.	Cyst of the left broad ligament.

58	Sept. 8, 1881.	Carney Hosp..	S.	25	7 in.	None....	Tied as above, and burnt off with Paquelin's cautery.	13 lbs.	Death.	Cause of death: acute mania on the eighth day. A careful autopsy, by Dr. W. W. Gannett, showed everything healthy and going on well in the peritoneal cavity. Hereditary insanity in the family. Dermoid cyst.
59	Sept. 11, 1881.	"	M.	41	5 in.	Anteriorly to parietes and to uterus.	Do.	33 lbs.	Recov.	
60	Sept. 18, 1881.	"	W.	51	3½ in.	Anteriorly to parietes.	Do.	39 lbs.	Recov.	
61	Sept. 27, 1881.	Taunton, Mass.	M.	60	5 in.	None.....	Do.	10 lbs.	Recov.	Some ascites.
62	Oct. 4, 1881.	Boston	M.	45	7 in.	Universal anteriorly and laterally.	Do.	80-90 lbs.	Recov.	Considerable ascites which is counted in the weight.
63	Oct. 5, 1881.	Boston	W.	45	6 in.	None.....	Do.	22 lbs.	Recov.	Both walls of bladder incised. No ill effects.
64	Oct. 24, 1881.	Merrimac, Mass.	S.	57	6 in.	Intestinal	Do.	5½ lbs.	Recov.	A portion of sac adherent to bowels left behind.
65	Oct. 29, 1881.	Boston	M.	48	4 in.	Slight lateral and anterior.	Do.	49 lbs.	Recov.	
66	Nov. 15, 1881.	"	W.	47	3½ in.	None.....	Do.	25½ lbs.	Recov.	
67	Nov. 19, 1881.	Concord, N.H.	W.	73	6 in.	To peritoneum, omentum, and intestine.	Do.	20 lbs.	Recov.	The age of the patient did not prevent a very rapid recovery. 99.4° F. being the highest temperature.
68	Dec. 1, 1881.	Provincetown, Mass.	M.	52	6 in.	Burst cyst.	Do.	35 lbs.	Recov.	Abdomen filled with gelatinous material—colloid—which had originally come from a burst dermoid cyst.
69	Dec. 18, 1881.	Free Hospital for Women.	S.	30	7 in.	To intestine and pelvic peritoneum.	Do.	10 lbs.	Death.	Both ovaries removed. The outer surfaces of the tumors of a brown color, and beginning to decay.

"The above list contains all the cases of completed ovariectomy that I operated on from February, 1877, to December 18th, 1881. Besides these completed cases, I have made three exploratory incisions, and closed the wound after thoroughly investigating the tumor. All of these cases recovered; so that we have for completed and attempted ovariectomies thirty-five cases, with three deaths (for 1881.) I have also operated for the removal of uterine tumors three times. Once successfully (Case 41 of this table), and twice with a fatal result, both of the latter being incomplected operations. One of the deaths in this table (No. 58) ought not to be accounted a death from ovariectomy, for everything in the abdominal cavity was going on well, as shown by autopsy. The patient's parents and family were more or less insane, and she developed acute mania, with the delusion that she had committed the unpardonable sin, and that there was no forgiveness for her. It would be improper not to report the case, however, and so I have called it a death from ovariectomy. Clinically, the wounding of the bladder in No. 63, without the least unfavorable consequence or the slightest retardation of convalescence, and the age of No. 67 (seventy-three years), with a normal and rapid recovery, are worth noting. I have also done colotomy successfully, making the permanent opening in the pubic region."

Of the employment of Listerism, Dr. Homans says:

"These cases, so far as they go, are a proof of the great value of the antiseptic method, or Listerism. I like this latter name because it is concise and identifies Lister's name with the magnificent principle which he has discovered and the method which he has introduced. The number of cases is small, but I am very sure that the percentage of recoveries is much higher than it would have been without Listerism, and the ratio is about what may be expected in cases done antiseptically by an experienced operator."

Concerning the use of the clamp and ligature, he writes as follows:

"I generally cut out and leave behind any portion of the cyst intimately adherent to a coil of intestine; it is better to do this than to run the risk of rupturing the bowel or causing hemorrhage from its surface, which it is not easy to control. I have always followed Mr. Spencer Wells' advice not to yield to the

temptation to remove a fibroid from the uterus during an ovariectomy; the desire to do so is very strong, but I think the safer way is to leave them alone, and, although I have once or twice seen them well pediculated, I have not meddled with them. I always compress the pedicle with Dawson's clamp (a very simple and powerful instrument, which has done me good service); then burn off the pedicle with Paquelin's cautery; tie with a double ligature (*in the sulcus made by the clamp*); remove the clamp, and drop the stump. I do this because two of the most successful operators, Drs. Keith and Bradford, have used, one the cautery and the other the ligature, and so I use both. I dare say that either would be sufficient, but I see no objection to my method, and am satisfied with it. I never use catgut for tying the pedicle, but always carbolyzed silk. I lost a case from hemorrhage after tying with catgut, and have never used it since."

Cases of DR. J. MARION SIMS, *New York.*

STEAMER GERMANIA, OFF QUEENSTOWN, {
November 1st, 1881. }

MY DEAR DR. BIGELOW:—I am truly sorry I cannot give you the information you wish about my ovariectomies. I have been moving over the world so rapidly and so often in the last five years that I fear I have lost my records entirely. I can only say that I have not lost a case since I began the use of Listerism—twelve cases. I have operated in all forty-five times, with nine deaths. These deaths all occurred between the eleventh operation and the thirty-third, while I was connected with the Woman's Hospital. Thus:—Thirty-three operations and nine deaths before Listerism; twelve successful operations under Listerism. Gave ether in every case except three, to whom I gave nitrous oxide gas—one of these under gas one and a half hours, another nearly one hour, another twenty minutes. The cause of death in every case was septicemia, except one, which died of peritonitis.

Cases of DR. W. H. BYFORD, *Chicago.*

CHICAGO, November 24th, 1881.

DEAR DOCTOR:—Your letter of the 18th inst. is received. I commenced operating for the removal of ovarian tumors in 1861. The first ten years I only operated about twenty-five times. The notes of these were burned in the great fire of

1871. Since then, I have operated sixty-nine times, making in all ninety-four operations. In the first sixty-two, I used chloroform as an anesthetic, and, when practicable, used the clamp; in the other cases, I tied with silk and returned the pedicle, allowing the ligature to hang out of the wound large enough to act as a drainage, like a siphon. I did not employ any of the processes belonging to the antiseptic method in these sixty-two cases. In these were included, monocystic, polycystic, and several dermoid tumors. The results in these cases were 66 per cent of recoveries. The deaths were from shock, exhaustion, and peritonitis. Within the last two years, I have operated thirty-two times, and have used sulphuric ether as the anesthetic exclusively, as also the antiseptic measures, as detailed in the last edition of my book on diseases of women. In that number, I have met with almost every variety of tumor. All had been tapped or aspirated by others or myself. The preliminary treatment, where any was employed, consisted in such measures as would improve the blood—tonics and full nutritive diet. In all of these, I ligated the pedicle with strong silk, cut the silk short, and returned the whole, closing the wound. Employed no drainage. The patients were married and unmarried, and of all grades of social position. Thirty of these recovered, and four died. The operation was the abdominal section. Two of the four which proved fatal died of exhaustion, one from septicemia, and one other from a peculiar condition of the blood, in which hemorrhage from the wound showed that fluid to be entirely incapable of coagulation. Several of the above cases were double ovariectomies: one of these was cured of epilepsy of twelve years' standing.

ANALYSIS:—Total number of operations, 94. Percentage of recoveries in first sixty-two cases, 66—in the last thirty-two cases, 87. Average total percentage of recoveries, 76+. Listerism employed in 32 cases. In thirty-two cases, the operation was preceded by tapping or aspiration.

Cases of DR. H. P. C. WILSON, Baltimore.

1. Number of operations. 9.
2. Ages. 32, 56, 39, 56, 40, 19, 38, 36, 31.
3. Married or single. 7 married, 2 single.
4. Nature of tumor. 3 compound multilocular, 2 single cyst, 4 multilocular.

5. Tapping prior to operation or not. 2 tapped, 7 not tapped.

6. Preliminary treatment. Brisk purgative second night before operation. Sometimes an opiate, oftener bromide of potash in large doses; night before the operation, 15 or 20 grains quinine; on the morning of the operation, a good glass of milk two or three hours before the operation, and an ounce of whiskey just before the chloroform.

7. Anesthetic used. Chloroform always.

8. Listerism or not. Listerism in 4; not, in 5.

9. Size of tumors. 42 lbs., 26, 30, 25, 20, 33, 28, 50, 35.

10. Adhesions. Very extensive in 4, moderately so in 3, not at all in 2.

11. Ligature or clamp. Clamp first 5, ligature last 4.

12. Drainage. Not a single case.

13. Results. 7 recovered, 2 died; 1 death was from cancer.

14. Cause of death. Shock.

15. Duration of operations. Average, 1 hour.

16. Remarks. In one case, the operation was performed when four months advanced in pregnancy. Another recovered and went to term, and was safely delivered of a healthy child, now living. One fatal case was that of a woman who had been repeatedly tapped, and was near to death before she was brought to me for an operation. I operated as the only hope (though slim). Both fatal cases had been tapped—one was a single cyst of forty-two pounds, the largest single cyst, but one, that I have found on record.

ANALYSIS:—Number of operations, 9. Average age, 38 years. Listerism in 4 cases. Percentage of recoveries, 77+. Average size of tumors, 32 lbs.

Cases of DR. P. J. MURPHY, Washington, D. C.

1. Number of operations. 8.

2. Married or single. 3 single, 5 married.

3. Nature of tumor. 6 multilocular.

4. Tapped or not. 5 tapped prior to operation, 3 not tapped.

5. Preliminary treatment. No preliminary treatment.

6. Anesthetic used. Squibb's sulphuric ether.

7. Operation. Laparotomy.

8. Listerism or not. Listerism in 3 cases.

9. Weight of tumors. Tumors varied from 16 to 46 pounds.

Adhesions in all cases, in 6 very slight, especially in those tapped prior to operation.

10. Ligature or clamp. Ligature in every case.

11. Drainage or not. Drainage.

12. Results, 7 recoveries, 1 death.

13. Cause of death. Pneumonia.

14. After-treatment. The after-treatment consisted in keeping the room at an equal temperature of 85°. Liquid diet, consisting of milk, gruel, beef-tea, and stimulants if necessary. Opium was not administered unless much pain was complained of, and then it was given in rectal suppositories (Morphia sulph., gr. $\frac{1}{4}$; Ext. belladonnae, gr. $\frac{1}{6}$). If the bowels were not moved after the fifth day, an enema of soap-suds with hot olive-oil was administered. In two cases where the carbolized catgut ligature was used to close the incision, ventral hernia followed, owing to the too quick absorption of the gut. I have since used silver wire.

ANALYSIS. — Recoveries, 7; deaths, 1; percentage of recoveries, 88.

Cases of DR. WM. C. WILE, Sandy Hook, Ct.

1. Number of operations. 3.

2. Ages. 44, 49, 53.

3. Nature of tumor. 2 unilocular, 1 multilocular.

4. Tapping or not. 1 tapped thirteen times, 1 not tapped, 1 tapped once.

5. Preliminary treatment. Supporting treatment, paying especial attention to the regulation of the secretions.

6. Anesthetic used. Squibb's ether.

7. Operation. Laparotomy.

8. Listerism or not. No Listerism.

9. Size of tumor. 1 medium, 1 large, 1 very large.

10. Adhesions. Extensive in 1 case, moderate in others.

11. Ligature or clamp. Ligature.

12. Drainage or not. No drainage.

13. Results. All recovered.

Drs. Anita E. Tyng, of Providence, Rhode Island; E. E. Montgomery, of Philadelphia; and G. R. Skinner, of Cedar Rapids, send reports of successful operations, each one case. Listerism used in all three cases.

*Cases of DR. HUNTER McGUIRE, Richmond, Va.**Cases of Dr. Hunter McGuire, Richmond, Virginia.*

NO.	MEDICAL ATTENDANCE.	DATE.	CONDITION.	ADHESIONS.	TREATMENT OF PEDICLE.	WEIGHT OF TUMOR.	LENGTH OF INCISION.	RESULT.	SUBSEQUENT HISTORY.	ISTERISM.	NATURE OF TUMOR.	ANESTHETIC.	DURATION OF OPERATION.	AGE.
1	Hosp.	July 1, 1871.	M.	Visceral, omental, parietal.	Ligat.	80 lbs. . .	6 in. . .	Died in Shock 16 hrs.	.....	No	Cystoid cancer	Chloro- form	17 hrs	32
2	"	May 27, 1873.	S.	Parietal	C'imp	60 lbs. . .	Not rec.	Recov. Well	.....	Drainage No	Multiloc.	Do.	35 min.	48
3	Not rec.	Aug. 30, 1873.	M.	Extensive parietal	"	35 lbs. . .	5 in. . . .	"	Died of fever in 1874.	Drainage No	Ovarian cyst.	A. C. E.	Not rec.	45
4	Hosp.	Oct. 2, 1873.	M	Extensive visceral and parietal.	"	40 lbs. . .	Not rec.	Died. . .	Exhaustion	No	Multiloc. cyst.	"	"	49
5	Not rec.	Dec. 11, 1875.	M.	Parietal	"	Not rec.	3½ in. . .	Recov.	Still living and well	No	Not rec.	Not rec.	40 min.	30
6	"	June 12, 1876.	S.	"	"	58 lbs. . .	Not rec.	"	Died of cancer of stom. 13 mos. after	No	Multiloc cyst.	A. C. E.	Not rec.	25
7	"	Sept. 19, 1876.	S.	Visceral and parietal.	"	45 lbs. . .	7 in. . . .	"	Well in 1879.	No	Do.	"	1½ hrs	21
8	"	Jan. 19, 1877.	S.	Extensive visceral and parietal.	"	Not rec.	Not rec.	"	Died six months after.	No	Colloid cancer.	"	Not rec.	27
9	Hosp.	Oct. 23, 1878.	M	Slight	"	"	"	"	Still well.	No	Multiloc. cyst.	"	"	"
10	"	Dec. 31, 1878.	M.	None	"	"	"	"	Peritonitis 3d day.	No	Do.	"	"	50
11	"	Dec. 27, 1878.	M.	Slight	—	"	"	"	Exhaustion 3d day	No	Do.	"	"	54
12	"	Mar. 5, 1880.	M.	None	C'imp	40 lbs. . .	"	Recov.	Still well	Yes	Uniloc. cyst.	C. & E.	"	40

No.	MEDICAL ATTENDANCE.	DATE.	CONDITION.	ADHESIONS.	TREATMENT OF PEDICLE.	WEIGHT OF TUMOR.	LENGTH OF INCISION.	RESULT.	SUBSEQUENT HISTORY.	LISTERISM.	NATURE OF TUMOR.	ANESTHETIC.	DURATION OF OPERATION.	AGE.
13	Hosp.	Nov. 15, 1880.	S.	Omental	Ligat.	20 lbs.	3 in....	Died..	Exhaustion 2d day	Yes.....	Dermoid cyst.	C.....	40 min..	21
14	"	May 6, 1880.	S.	Visceral and parie- tal.	"	15 lbs.	3 in....	"	Shock and exhaus- tion 19 hrs. after	Yes.....	Cystoid cancer.	C.....	2 hrs....	25
15	"	Nov. 2, 1881.	M.	Visceral and parie- tal.	"	100 lbs.	Not rec.	"	Bronchitis and pe- ritonitis 7th day	No.....	Uniloc. cyst.	C.....	1 hr....	33
16	"	Mar. —, 1878.	S.	None.....	"	Not rec.	2½ in....	Recov.	Well	Yes.....	Not rec.	C.....	Not rec.	21
17	"	Mar. —, 1878.	S.	None.....	"	"	2½ in....	"	Well	Yes.....	Multiloc. cyst.	C.....	40 min..	26
18	"	May 1, 1880.	S.	None.	"	"	2½ in..	"	Well	Yes.	Do.	C.....	40 min..	27
19	"	July 24, 1871.	M.	Visceral and omen- tal.	"	"	5½ in....	"	Well	No.....	Fibro-cist uterus.	C.....	2 hrs..	24

Case 19 is fully reported in the *Philadelphia Medical Times*, 1871, in which Dr. McGuire cites all the cases of fibro-cysts of the uterus which he could find up to that period.

Analysis of DR. MCGUIRE'S cases.

Total number of cases, 19. Married, 10; single, 9. Average age, 34 years 4 months. Average weight of tumors reported, 49 pounds. Ligature in 8 cases, clamp in 11 cases. Listerism used in 6 cases; drainage in 2 cases; of the 6 cases in which Listerism was used, 2 resulted fatally. Results: deaths, 7; recoveries, 12.

DR. EDWARD BORCK, of St. Louis, reports two cases of ovariectomy, one successful and one unsuccessful. Listerism used in both cases.

Cases of DR. T. GAILLARD THOMAS, New York.

Report of Dr. T. G. Thomas's cases of completed ovariectomy extending over a period of eighteen years, from 1863 to 1881. All cases are reported except those in which removal of the tumor was found to be impossible.

Number of completed ovariectomies,	199
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Single,	65
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Married,	134
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Age. Youngest, 13 years; oldest, 69 years.

Nature of tumor. 17 carcinoma or cysto-carcinoma, 7 dermoid cysts, 3 ovarian fibroids, 10 parovarian cysts, 25 ovarian monocysts, 10 solid colloid tumors, 127 multilocular colloid cysts.

Anesthetic. Bichloride of methylene, 2 cases; nitrous oxide gas, 2 cases; chloroform, 8 cases; ether, 187 cases.

Listerism employed in about 67 cases.

Clamp used in 103 cases; ligature in 96 cases.

Entire uterus removed four times with ovarian cystoma.

Adhesions existed in all but 50 cases.

Long incision in 25 cases; short in 118; medium in 56.

Results: 49 deaths; 150 recoveries.

Causes of death: Acute mania, 2 cases; tearing away of pedicle on fourteenth day by violent effort, 1 case; persistent vomiting, 2 cases; hemorrhage, 3 cases; capillary bronchitis, 2 cases; pneumonia, 1 case; exhaustion, 1 case; uremic convulsions, 1 case; shock, 3 cases; septicemia, 22 cases; peritonitis, 10 cases; gangrene of intestines, 1 case.

After-treatment. The patient is kept free from pain by opiates, administered by mouth, bowels, or skin; given beef-juice and milk as nutriment; and high temperature is controlled by quinine in large doses, by mouth or rectum, and by Kibbee's method of cold affusion.

The profession will notice the large percentage of cancers in these cases of Dr. Thomas. It is often customary to leave out any mention of such cases in ovariectomy tables. Honest tabulation, however, demands that everything should be reported.

Since going to press, Dr. Thomas has had four successful cases of ovariectomy, bringing his total up to 203 cases. He has also completely removed the uterus in eleven cases, with six recoveries and five deaths. It seems to me that such results furnish the best answer to the denunciation of this operation by Dr. Richet, before the Academy of Medicine at Paris. Dr. Thomas writes: "There are three circumstances under which complete extirpation of the uterus may now be regarded as legitimate and often a necessary procedure: first, where it is, after Freund's method, removed on account of malignant disease; second, where, as an addendum to the Cesarean section, it is practised after Porro's plan; and third, where it is extirpated to render practicable the removal of tumors, either of solid or cystic character, which take their origin in its tissues, or arising in the ovaries, form attachments to it too firm to be broken."

Cases of DR. PAUL F. MUNDÉ, New York.

Number of operations, 3; recoveries 2; one monocyst, one polycyst, and one cyst of broad ligament. Ages: 33, 45, 22.

I. Nov., 1875. Single, 33 years. Monocyst. Aspiration followed by peritonitis, inflammation, and suppuration of cyst. Ovariectomy on eighth day. P. 120; T. 102. Marked improvement after operation. Clamp; drainage; frequent irrigation of peritoneal cavity. Did well until fifth day, when pyemic parotitis of right side developed. Death of septic pyemia on sixth day.

II. Jan., 1882. Married, 22 years, nullipara. Supposed monocyst of ovary. Not tapped. On operation proved to be cyst of right broad ligament. Bulk of cyst was removed, remainder sewed into abdominal wound. Drainage-tube. Contents of cyst about 10 pints. Recovery. March 15th, wound closed, all but slight fistulous opening at sac.

III. March, 11, 1882. Married, 45, multipara. Large semi-solid polycyst, simulating fibrocyst of uterus. Not aspirated, except at operation. Previous spontaneous rupture of one cyst; no reaction. Large adhesions to bladder, omentum, etc. Pedicle dropped; ligature and Paquelin. Tumor, 34 lbs. Listerism, except spray. Sutures removed on twelfth day. Recovery.

Cases of Dr. G. KIMBALL, Lowell, Mass.

Number of operations. 267.

Results. Recoveries, 202; deaths, 65.

Average age. 40 years 9 months.

Married. 203.

Nature of tumor. Multilocular, 196; unilocular, 69; solid, 2.

Adhesions. 187; involving uterus, 4.

Ruptured cysts. 11 (5 recoveries).

Both ovaries removed and diseased. 8.

Tapped or aspirated. 35.

No pedicle (involving broad ligament). 4.

Pedicle ligated, stump dropped back, and ligature brought outside, 85.

Pedicle ligated, stump dropped back, and ligature cut short, 24.

Clamp, 158.

Treatment. Antiseptic, carbolic spray, 75.

Cause of death. Tetanus, 5; secondary hemorrhage, 2; shock, 2; nephritis, 2.

Septicemia or peritonitis (or both). 156.

Renal hemorrhage. 2.

In two cases ovariectomy was performed twice on the same person; in one instance the second operation was after the lapse of thirteen months. In the second instance the operation was performed after the lapse of thirteen years. Recoveries from second operation in both cases.

Cases of Dr. A. DUNLAP, Springfield, Ohio.

SPRINGFIELD, OHIO, January 23d, 1882.

Dr. Bigelow.

DEAR DOCTOR:—I have performed ovariectomy 169 times. First operation, September 17th, 1843; the last, January 11th, 1882. Successful operations, 134; unsuccessful, 35. Both ovaries removed at one operation 4 times, with 3 recoveries and 1 death. Both ovaries removed at two operations, five years apart. Unmarried at time of first operation; married three years at time of second. Recovery. One operation

for one ovary and one subperitoneal fibroid at the same time. Result—recovery. The fibroid about the size of a hen's egg. The smallest tumor weighed fourteen pounds; the largest weighed one hundred and thirty-six pounds. One fibroid and bony tumor of the ovary, with small pedicle, weighed one hundred and six pounds. One operation not concluded on account of the malignant nature of the growth. Have had two patients bear twins after one ovary was removed. In both cases there was one male and one female. One successful operation after a failure to remove a tumor occurred. Cicatrix six inches long. Recovery. . . .

Literature of Sporadic Cases, 1878–1881.

DATE	NAME OF OPERATOR OR REPORTER.	JOURNAL.	DATE	NAME OF OPERATOR OR REPORTER.	JOURNAL.
1878	Chas. T. Reber.	Col. & Clin. Rec.	Jly	E. P. Bennett..	Ibid.
"	I. S. Cleveland	Cin. Lan. & Clin.	"	W. W. Dawson	Ob. Jour. Cin'ti.
"	L. P. Davis. . . .	Med. & Sur. Rep.	"	W. T. Ridenour	Toledo M. & S. J.
"	G. J. Engelmann.	Am. Jour. Ob.—3 cases.	"	J. J. Sternreide	Med. & Sur. Rep.
"	W. B. Erdman	Cin. Med. News.	"	Mary H. Thompson.	Ibid.
"	S. M. Thompson	Trans. Tenn. Med. Soc.	Aug	None.	
1879			Sep.	J. I. Dyer.	Medical Record
Jan	H. C. Wyman.	Detroit Lancet.	"	T. Lipscomb. . .	Tr. Med. S. Tenn.
Feb	E. T. Blackwell	Med. & Sur. Rep.	"	E. E. Montgomery.	Med. & Sur. Rep.
"	W. S. Brown. . .	Boston Med. & Surg. Jour.	"	J. Rivers.	Pacific M. & S. J.
"	J. Eliot.	Nat. Med. Rev.	"	C. Shepard. . . .	Detroit Lancet.
"	Mary H. Everett	U. O. Med. Inv't.	"	A. Van De Veer	Hosp. Gazette.
"	H. L. Hodge. . .	Tr. Path. S. Phil.	"	T. B. Wilkerson.	Va. M. Monthly.
"	D. Prince.	Rich. & Louisville Med. J.	Oct.	A. L. Clark. . . .	Chi. Med. Times
Mar	L. McLean. . . .	Medical Record	"	Ed. Ohio Med. Record.	2 cases.
Apr	W. H. Baker. . .	Boston Med. & Surg. Jour.	"	L. L. Slator. . . .	N. C. Med. J.
"	W. H. May. . . .	Western Lancet	"	B. W. Taylor. . .	Tr. S. C. Med. Ass
May	G. Dowell.	Va. M. Monthly.	Nov	E. T. Blackwell	Tr. Med. So. N. J.
"	E. S. Dunster. . .	Mich. Md. News	"	R. M. Delzell. . .	American Prac.
"	Engelmann. . . .	Am. Jour. Ob.	"	T. M. Drysdale	Am. Jour. Ob.
"	J. Fewsmith, Jr.	Ibid.	"	T. A. Emmet. . .	Ibid.
"	Gillette.	Ibid.	"	O. A. Horr.	Tr. Maine M. Ass
"	J. B. Hunter. . .	Medical Journ.	"	C. C. Lee.	Am. Jour. Ob.
"	W. T. Lusk. . . .	Am. Jour. Ob.	"	A. R. Smart. . . .	Toledo M. & S. J.
"	Noeggerath. . . .	Ibid.	"	J. M. Snook. . . .	Mich. Md. News.
"	W. Varian.	Med. & Sur. Rep.	Dec	W. H. Baker. . .	Boston M. & S. J.
Jne	Bernays.	St. Lo. M. & S. J.	1880	W. H. Mays. . . .	Western Lancet
"	Engelmann. . . .	Tr. Med. S. Phil.	Jan	J. Byrne.	Proc. Med. Soc. Kings Co., Brooklyn.
"	C. C. Lee.	N. Y. Med. J.	"	D. Eve.	Southern Prac.
"	W. H. Parish. . .	Tr. Ob. Soc. Phil.	Feb	D. Maclean. . . .	Tr. Mich. M. Soc.
"	C. Shepard. . . .	Detroit Lancet. 10 cases; 6 rec., 4 deaths.	"	H. H. A. Beach	Boston M. & S. J.
"	A. R. Smart. . . .	Med. & Sur. Rep.	"	G. E. Bensom. . .	Medical Record

DATE	NAME OF OPERATOR OR REPORTER.	JOURNAL.	DATE	NAME OF OPERATOR OR REPORTER.	JOURNAL.
1880			Dec	W. Lomox	Tr. Ind. Med. So.
Feb	F. D. Cunning- ham.	Va. M. Monthly.		J. Robbins.	Med. & Sur. Rep.
Mar	W. F. McNutt.	Western Lancet	1881		
"	W. Fox.	Tr. Wis. M. Soc.	Jan	E. C. Mann.	Medical Record
"	K. Hoegh.	Ibid.	"	M. Michel.	N. C. Med. Jour.
"	W. N. King.	Ohio Med. Rec.	"	Noeggerath.	Medical Record
"	W. T. Lusk.	N. Y. Med. Jour.	"	T. P. Seeley.	Chic. M. J. & Ex
"	H. Palmer.	Tr. Wis. M. Soc.	Feb	Bernarp.	St. Lo. M. & S. J.
"	L. J. Wireback	Med. & Sur. Rep.	"	A. E. Bigelow.	Med. & Sur. Rep.
Apr	W. T. Briggs. .	Nashville Jour.	"	Garrigues.	Medical Record
"	O. O. Burgess. .	Western Lancet	Mar	S. T. Davis.	Tr. Med. So. Pa.
"	A. F. Cabot.	Boston M. & S. J.	"	I. A. Ray.	Ann. Anat. & S.
"	C. C. Lee.	Medical Record	"	Reamy.	Obs. Gazette.
"	W. Lomax.	Cin. Lan. & Clin.	Apr	T. G. Morton. .	Penn. Hos. Rep.
May	W. F. McNutt.	Western Lancet	"	J. H. Van Eman	St. Lo. Cour Med
"	W. F. Atlee.	Am. J. Med. Sci.	May	W. H. De Witt	Obs. Gazette.
"	H. Clarke.	Boston M. & S. J.	"	W. T. Helmuth	Med. & Chir. Qu.
"	W. R. Gillette. .	N. Y. Med. Gaz.	"	J. B. Hunter. .	N. Y. Med. Jour.
"	C. C. Lee.	Medical Record	"	Geo. Porter.	Tr. R. I. Med. As.
"	— Whitwell. .	Western Lancet	"	C. B. Powell. .	N. Y. & Chicago Med. & Sur. J.
"	J. H. Wyeth. .		"	S. S. Todd. .	Kan. Med. Index
J'ne	Batley.	British M. & S. J.	J'ne	W. T. Helmuth	N. Y. Med. Times
"	G. J. Engel mann.	Boston M. & S. J.	J'ly	T. B. Wilberson	Va. M. Monthly.
"	W. R. Gillette. .	N. Y. Med. Gaz.	"	R. F. Bang.	Medical Record
"	C. A. Kirkly. .	Toledo M. & S. J.	"	D. Campbell. .	Boston M. & S. J.
"	C. C. Lee.	Medical Record	"	P. Gresham.	Am. M. Bi-w'kly
"	G. C. Smythe. .	American Prac.	"	W. O. Roberts.	American Prac.
J'ly	Gregory.	St. Lo. M. & S. J.	"	E. Younkin.	Am. Med. Jour. St. Louis.
Aug	W. F. Atlee.	Am. J. Med. Sci.	Aug	P. P. White.	Buffalo M. & S. J.
"	T. M. Drysdale.	Tr. Ob. Soc. Phil	"	T. B. Wilkerson	N. C. Med. Jour.
"	T. A. Emmet. .	Am. Jour. Ob	Sep.	B. F. Dawson. .	Am. Jour. Ob.
"	W. T. Lusk.	Ibid.	"	T. E. Satter- thwaite.	Medical Record
"	S. S. Wells.	Tr. Am. Gyn. So.	"	P. V. Schenck	Am. Jour. Ob.
Sep.	E. Miller.	Louisville Med ical News.	Oct.	N. M. Baskett. .	St. Lo. M. & S. J.
Oct.	W. F. Cheno- with.	Gaillard's Med- ical Journal.	Nov	J. M. Batten. .	Pittsburgh M. J.
"	Gregory.	St. Lo. Cour Med	"	G. J. Engel- mann.	Trans. Am. Gyn Soc.—2 cases.
Nov	Bardwell.	Cin'ti Ob. Gaz.	"	Geddings.	
Dec	J. L. Crawford	Medical Record	"	J. F. Heustis. .	Tr. Med. Ass. Ala
"	F. W. Entri- ken	Toledo M. & S. J.	"	W. B. Rogers. .	Miss. Val. Med. Month.—3 cases
"	P. L. Hilsman. .	Tr. Ga. Med. Ass	Dec	None.	

Cases of Dr. Wm. Goodell, Philadelphia.

PHILADELPHIA, January 15th, 1882.

MY DEAR DR. BIGELOW:—With this letter I send you a table of every one of my cases of ovariectomy. I am too busy to write as fully on the subject as you asked me; but in justice to myself a few explanations are needed.

In the first place: I have had but two cases of exploratory incision, in which the tumor proved to be ovarian, and in which

the operation was not undertaken. In each there was extensive malignant disease of the peritoneum and of all the pelvic organs. One of them was a patient of Dr. R. Horner, of Gettysburg, Pa., the other a patient of Dr. J. A. Murphy, of Wilkesbarre, Pa. The former recovered from the operation; the latter died a few days later from intestinal obstruction, but whether due to the operation or not is uncertain.

Secondly, in not a single instance have I ever begun an operation without wholly completing it by the removal of the cyst. In other words, I have not one incompleated or one abandoned operation to report.

Thirdly, I have always contended that, for a surgeon to decline to operate on any case of ovarian tumor because it is not a promising one, is virtually the same thing as if he had operated on the case and had lost it. Acting on this principle, no matter how desperate the condition of the woman, I have, in not a single instance, refused to give the sufferer her only chance for life. In this statement, I am sure that Drs. Mays, Marcy, Deal, Harlow, Dawson, Baer, Shaeffer, and Sheppard will bear me out. This regard for the woman, and disregard for my statistics, has swelled my list of fatal cases, and has given me one death on the operating table; but, on the other hand, it has enabled me to restore to life two women who had been abandoned by other surgeons.

I have also labored under the other disadvantages of having performed many of my operations in a general hospital, viz., that of the University of Pennsylvania, and a large number of them at such a distance from Philadelphia that I did not again see the woman after the operation. I have also repeatedly performed the operation in the country, with no other assistants than those who had never even seen the operation. All these facts must, therefore, be taken into consideration before a just comparison can be made between my results and those of other operators who have special hospitals for the purpose.

Of my sixty-one cases, up to date, twenty-two were operated upon in a general hospital with six deaths. Eighteen were operated upon at their homes, but too far away for me to attend them afterwards; and of these, seven died. Eleven were operated on at home, and had my subsequent care; of these I lost four. Ten were operated on at my private hospital with but one death. This single fatal case in my private hospital

was one of malignant disease of both ovaries. They were everywhere adherent, and, in addition, had so coalesced that the womb was imbedded in the mass, and had to be enucleated. Dr. R. P. Harris, who witnessed this operation, deems it the most difficult one of the many he has seen. Had a drainage-tube been used, the woman would probably have recovered, only, however, to have died at a later period from a return of the disease. My private hospital is so near me that I am able to see my patients at least four times a day, until the period of danger is passed. By being on hand to meet the emergencies, I have on two occasions saved the life of my patient. To this fact, and to that of its being a special hospital, and, therefore, aseptic, do I attribute this success.

I have not yet given up the spray, nor shall I do so until Keith, now that he has abandoned its use, can report another series of seventy-odd successive cases of recovery. While it may not be essential in private practice, I do not see how it can be dispensed with in the foul wards of a general hospital.

In conclusion, as I look back upon my cases, and contrast the mortality of my earlier operations with the better showing of my later ones, I am more than ever impressed with the conviction that in no other capital operation does a growing experience tell more than in that of ovariectomy.

Very faithfully yours,

WM. GOODELL.

No.	NAME OF PREVIOUS MEDICAL ATTENDANT.	AGE.	CONDITION.	NUMBER OF CHILDREN.	PREVIOUS TAPPINGS.	DATE OF OPERATION.	PLACE OF OPERATION.	ADHESIONS.	SIDE & TREATMENT OF PEDICLE.	SIZE AND NATURE OF TUMOR.	LENGTH OF INCISION.	DRAINAGE.	RESULT.	CAUSE OF DEATH.	REMARKS.
1	Dr. B. F. Baer, Philadelphia.	40 M.		3	...	Sept. 28, 1876.	Hosp.	Parietal and omental.	L. clamp.	30 lbs.	Short.	Cloth-tent.	Recov	...	
2	Dr. W. S. Stewart, Philadelphia.	22 S.		...	2	Mar. 14, 1877.	Hosp.	Pelvic...	L. Ligat.	2 lbs.	"	Ligat.	"	.....	Cyst removed by vaginal incision. The ends of the ligature were brought out of the wound for drainage purposes.
3	Dr. J. M. Ridge, Camden, N. J.	50 M.		4	38	Mar. 22, 1877.	Home.	Omental, parietal and pelvic	L. Clamp	4 lbs. fibroid of ovary.	Long.	..	Death	Internal hemorrhage.	Did well for twelve days, when she secretly got out of bed, and was seized with pain and collapse.
4	Dr. H. H. Longstreet, Bordentown N. J.	24 S.		...	1	Oct. 23, 1877.	Hosp.	Parietal and omental.	R. Clamp L. Ligat.	25 lbs.	Short.	.....	"	Septicemia	My first operation under the spray, and my last with the clamp
5	Dr. H. Y. Evans, Philadelphia.	50 W.		2	1	Mar. 1, 1878.	Home.	Univer'al	R. Ligat. L. Ligat.	Malig. polycyst.	Long	Glass tube.	"	Peritonitis	No antiseptic precautions; abdominal wall very fat; the ligature ends were brought out of wound.
6	Dr. H. H. Mitchell, Elkton, Md.	56 M.		6	2	Sept. 2, 1878	Home.	Parietal and vesical.	L. Ligat.	Polycyst.	Short.	.....	"	Ex-hus'n	No antiseptic precautions. In this case and in all the following ones the ligatures were cut close to the knot.
7	Dr. B. F. Baer, Philadelphia	53 S.		...	...	Oct. 27.	Hosp.	Exten've parietal.	R.....	Do	Long.	.....	"	Peritonitis	Spray used in this case and in all the succeeding ones.

8	Dr. J. E. Bauman, Telford, Pa.	44 W.		6	...	May 31, 1879.	Home.	Parietal and omental.	L.....	46 lbs. Colloid.	Long.	.....	Recov	.....	Cyst had to be emptied by scooping out contents with the hand.
9	Dr. R. Horner, Gettysburgh, Pa.	55 S.		...	1	June 15.	Hosp.	Exten've parietal, omental.	L.....	35 lbs.	"	Glass tube.	"	.....
10	Dr. L. J. Deal, Philadelphia.	40 M.		4	1	June 26.	Home.	Univer'al	R.....	Purulent polycyst.	"	"	Death	Septicemia	A forlorn hope—already in extremis from septicemia caused by the old-fashioned tapping.
11	Dr. Jacob Roberts, Philadelphia.	40 M.		...	1	Sept. 21.	"	Parietal and omental.	R..... L.....	71 lbs.	"	.....	Recov	.....
12	Dr. B. F. Baer, Philadelphia.	46 W.		7	2	Oct. 26.	Hosp.	Parietal and omental.	R.....	40 lbs.	"	Glass tube.	"	.....
13	Dr. E. Dawson, Frederica, Del.	35 M.		2	...	Dec. 7.	"	None ...	L.....	Large colloid.	Short.	...	"	...	Malignant colloid; the cyst had burst before the operation. She recovered, but died shortly after returning home.
14	Dr. R. A. Cleeman, Philadelphia.	45 M.		3	1	Dec. 28.	Home.	"	R..... L.....	Large polycyst.	Long.	.....	"	.....
15	Dr. Emil Fischer, Philadelphia	52 M.		6	1	May 2, 1880.	"	Parietal and intestinal	R..... L.....	Solid polycyst.	"	.....	Death	Septicemia	A peritonitis and hemorrhage had been caused by the aspiration.
16	Dr. W. Goodell.	47 M.		1	...	May 9.	Hosp.	Univer'al	R.....	75 lbs. colloid.	"	.....	"	"	Mulatto. The cyst had burst before the operation; a formidable operation.
17	Dr. D. O. Crouch, Curwensville, Pa.	59 M.		...	...	Sept. 6.	Private Hosp.	"	R..... L.....	Malig polycyst.	"	.....	"	"	A very formidable operation; drainage-tube ought to have been used.
18	Dr. L. L. Sharp, Medford, N. J.	35 M.		2	1	Sept. 11.	Home.	Exten've omental.	R.....	Large	Short.	.....	Recov	.....

No.	NAME OF PREVIOUS MEDICAL ATTENDANT.	AGE.	CONDITION.	NUMBER OF CHILDREN.	PREVIOUS TAPPINGS.	DATE OF OPERATION.	PLACE OF OPERATION.	ADHESIONS.	SIDE & TREATMENT OF PEDICLE.	SIZE AND NATURE OF TUMOR.	LENGTH OF INCISION.	DRAINAGE.	RESULT.	CAUSE OF DEATH.	REMARKS.
19	Dr. J. K. Kane, Wilmington, Del.	24	S.	...	1	Sept. 16.	Home.	Covered by broad ligament	R..... L.....	Large	Short.	Glass tube.	Death	Shock	Both ovaries were evidently imbedded in the tumor, which was removed by enucleation.
20	Dr. H. Kratz, Hilltown, Pa.	50	M.	4	...	Sept. 25.	"	Firm omental and parietal.	L.	30 lbs. Semi-solid polycyst.	Long.	.....	Recov	.....	A very long incision was here needed on account of the solid nature of tumor.
21	Dr. L. D. Harlow, Philadelphia.	67	S.	...	3	Nov. 28.	"	Univers' parietal.	L.	65 lbs.	Short.	Glass tube.	"	.....	Over twenty ligatures needed. She recovered from operation, but died seven weeks later from a malignant growth of liver.
22	Dr. N. J. Cooper, Stockton, N.	49	M.	5	...	Dec. 4.	"	Omental and uterine.	L.	10 lbs. oligocyst.	"	.....	"	.....
23	Dr. T. J. Birch, Port Carbon, Pa.	29	M.	3	...	Dec. 5.	Hosp..	Omental and pelvic.	L.	20 lbs.	"	.....	"	.....
24	Dr. A. Marcy, Camden, N. J.	45	M.	...	7	Dec. 9.	Home.	Univers' parietal.	R..... L.....	Purulent cyst of parovarium	Long.	Glass tube.	Death	Exhaustion	Patient already in extremis from septicemia; contents of cyst abominably offensive. Both ovaries were involved in the tumor and removed.

25	Dr. H. P. Van Valzah, Clearfield, Pa.	54	M.	4	...	Dec. 11.	Home.	Exten've parietal.	L.....	Large oligocyst.	Short.	.....	Recov	.....
26	Dr. L. G. Bauer, Philadelphia.	47	M.	3	10	Dec. 18.	"	Omental.	L..... R.....	Small polycysts.	Short.	.....	"	.....	Both ovaries and one parovarian cyst were removed.
27	Dr. Smith Fuller, Uniontown, Pa.	35	M.	...	...	Jan. 22, 1881.	"	Omental, parietal, and intestinal	L.....	Large solid cyst.	Short.	.....	Death	Peritonitis	The tumor was malignant, and had to be enucleated out of broad ligament to get a pedicle.
28	Dr. J. H. Chandler, Centreville, Del.	43	M.	2	1	Jan. 29.	Private Hosp..	Omental	L..... R.....	Medium.	Short.	.....	Recov	.....
29	Dr. A. Y. Coleman, Limerick Square, Pa.	44	M.	...	2	Feb. 19.	Home.	Omental and pelvic.	R.....	Large polycyst.	Short.	.....	"	.....	There was much ascitic fluid, and the womb was much enlarged by multiple fibroids.
30	Dr. W. D. McGowan, Ligonier, Pa.	27	M.	3	1	Feb. 21.	Hosp..	None....	L..... R.....	Small polycysts.	Short.	.....	"	.....	Had been bed-ridden for two years; is now well
31	Dr. Wharton Sinkler, Phila.	22	S.	...	...	Mar. 2.	Private Hosp.	"	L. R.....	Small	Short.	.....	"	.....	Cyst of each ovary, and also of left parovarium.
32	Dr. L. D. Harlow, Philadelphia.	30	S.	...	1	Mar. 9.	Home.	Omental and parietal.	L..... R.....	Large polycyst.	Short.	.....	Death	Septicemia	Was in a critical condition from septicemia at the time of the operation.
33	Dr. S. Weir Mitchell, Philadelphia.	24	S.	...	1	Mar. 23.	Private Hosp.	Pelvic and omental.	L. R.....	Oligocyst.	Short.	.....	Recov	.....	The right ovary had to be enucleated.
34	Dr. G. S. Gerhard, Ardmore, Pa.	60	M.	5	...	Mar. 29.	Hosp..	Omental	L.....	Large monocyst.	Short.	.....	"	.....
35	Dr. F. C. Shepard, Philadelphia.	40	M.	2	1	Apr. 5.	"	Omental and parietal.	R..... L.....	Large colloid.	Short.	.....	"	.....	The cyst had burst some time before the operation. I tapped once, but got no fluid.

No.	NAME OF PREVIOUS MEDICAL ATTENDANT.	AGE.	CONDITION.	NUMBER OF CHILDREN.	PREVIOUS TAPPINGS.	DATE OF OPERATION.	PLACE OF OPERATION.	ADHESIONS.	SIDE & TREATMENT OF PEDICLE.	SIZE AND NATURE OF TUMOR.	LENGTH OF INCISION.	DRAINAGE.	RESULT.	CAUSE OF DEATH.	REMARKS.
36	Dr. J. R. Chandler, Cent'v'le, Del.	40 M.	.....	.....	.....	Apr. 20.	Pr'vate Hosp.	None....	L..... R.....	Colloid.	Short.	.....	Recov		A desperate case, in which a pelvic abscess had occurred, opening into the bowel, and matting the cyst to the intestines. For several days after the operation, feces escaped through the drainage-tube.
37	Dr. G. Mays, Philadelphia.	34 M.	.....	.....	2	Apr. 21.	Home.	Univers'l	R.....	Purulent.	Long.	Glass tube.	Death	Ex-hau'n	
38	Drs. D. Hayes Agnew and W. Goodell.	44 M.	2	1	May 10.	"	"	Intestin'l	R.....	Large	Short.	.....	Recov		
39	Dr. G. K. Meschter, Worcester, Pa.	49 M.	9	.....	May 14.	"	"	Parietal.	L.....	Large polycyst.	"	.....	"		A forlorn hope, bed-ridden for months, and reduced to extreme emaciation. She died on the table.
40	Dr. F. Swartzlander, Doylestown, Pa.	32 M.	.....	.....	May 17.	Pr'vate Hosp.	Parietal and intestin'l	L.....	L.....	fleshy polycyst.	Long.	.....	"	
41	Dr. A. Schaeffer, Lewistown, Pa.	38 S.	.....	.....	May 21.	Home.	Univers'l	R..... L.....	R..... L.....	Solid che'sy cysts.	Long.	.....	Death	Shock	
42	Dr. T. R. Hayes, Bellefonte, Pa.	45 M.	7	3	June 2.	Hosp..	Omental, parietal, and intestin'l	L.....	L.....	Solid colloid. 20 lbs.	Long.	.....	Recov	.....	Although the tumor was pronounced a round-celled sarcoma, the woman is doing well.

43	Dr. E. L. Duer, Philadelphia.	38 S.	1	June 2.	Hosp..	Exten've parietal.	L..... R.....	L..... R.....	Large oligo-cyst.	Long.	Recov		Cyst lay between the layers of broad ligament, and had to be enucleated. Two uterine fibroids were also removed.
44	Dr. J. Pittman, Tarboro, N. C.	50 S.	.....	.....	June 7.	Pr'vate Hosp.	Broad ligament	L.....	L.....	Large unilocular.	Short.	.....	"	.....
45	Dr. John Fay, Altoona, Pa.	61 M.	8	1	June 18.	Home.	Omental, parietal, pelvic.	R.....	R.....	Large	Short.	.....	"	
46	Dr. T. V. Crandall, Phila.	62 W.	Sept. 5.	Pr'vate Hosp.	None....	R.....	R.....	25 lbs	Short.	"		One cyst was dermoid.
47	Dr. J. Hearn, Philadelphia.	29 M.	2	.....	Oct. 9.	Do.	Omental.	L..... R.....	L..... R.....	Solid fib'oid	Very long.	.....	"	
48	Dr. J. R. Haney, Camden, N. J.	50 M.	3	1	Oct. 20.	Hosp..	Exten've parietal.	R.....	R.....	18 lbs. Polycyst;	Short.	Glass tube.	Recov		
49	Dr. R. W. Deaver, Germant'n, Pa.	37 M.	5	Oct. 22.	Home.	Parietal.	L.....	L.....	65 lbs. Colloid.	"	"		An exceedingly difficult operation; many ligatures needed.
50	Dr. E. W. Watson, Phila.	50 W.	7	.....	Oct. 24.	"	Omental, parietal.	L..... R.....	L..... R.....	20 lbs.	"	.....	"	.....
51	Dr. Geo. P. Yost, Loganville, Pa.	35 M.	1	3	Oct. 29.	Hosp	Omental, parietal, pelvic, uterine.	R.....	R.....	30 lbs.	"	Glass tube.	Death	Ex-hau'n	
52	Dr. Lloyd, Yardleyville, Pa.	35 W.	2	Nov. 5.	Home.	None....	R.....	R.....	15 lbs.	"	Recov		Two large pedunculated uterine fibroids were also removed. Solid fibroid of right ovary, with ascites.
53	Dr. Howard Kelley, Phila.	40 S.	.....	.....	Nov. 7.	Hosp..	Omental and parietal.	L..... R..... L.....	L..... R..... L.....	35 lbs.	Long.	Glass tube.	"	
54	Dr. W. C. Simpson, New Brighton, Pa.	54 M.	8	.....	Nov. 12.	Home.	None....	R.....	R.....	3 lbs. Solid fibroid	Short.	.....	"	

NO.	NAME OF PREVIOUS MEDICAL ATTENDANT.	AGE.	CONDITION.	NUMBER OF CHILDREN.	PREVIOUS TAPINGS.	DATE OF OPERATION.	PLACE OF OPERATION.	ADHESIONS.	SIZE & TREATMENT OF PEDICULE.	SIDE AND NATURE OF TUMOR.	LENGTH OF INCISION.	DRAINAGE.	RESULT.	CAUSE OF DEATH.	REMARKS.
55	Dr. T. D. Dunn, Philadelphia.	36 M.		2	1	Nov. 14.	Hosp.	None....	R..... L.....	10 lbs. Colloid.	Short.	.....	Recov		
56	Dr. W. Goodell.	27 M.		...	...	Nov. 17.	"	Pelvic, omental, intestinal, and uterine.	L..... R.....	20 lbs	Short.	Glass-tube.	Death	Shock	A very difficult operation; both ovaries and the womb were glued together in one mass, and had to be separated.
57	Dr. W. Goodell.	32 M.		3	...	Nov. 25.	"	Very extensive parietal.	L..... R.....	Poly-cyst. 45 lbs. 15 lbs.	Long.	"	"		Two cases of erysipelas were in the building at the time of the operation.
58	Dr. B. F. Baer, Philadelphia.	20 S.		...	1	Dec. 8.	"	None ..	L..... R.....	Colloid.	Long.	.....	Recov		
59	Dr. W. C. Dixon, Phila.	36 M.		2	...	Dec. 17.	"	Intestinal, pelvic uterine.	R..... L.....	20 lbs.	"	.....	"		Each ovary so incorporated with the womb that the latter organ was also removed.
60	Dr. M. H. Green, Phila.	40 S.		...	...	Dec. 31.	Private Hosp.	Intestinal.	L.....	15 lbs.	Short.	.....	"		Cyst of parovarium, with corresponding ovary flattened in its wall.
61	Dr. R. P. Harris, Phila.	50 M.		1	...	Jan. 10, 1882	Home.	Slight omental.	L.....	30 lbs. c'loid	Long.	.....	"		Semi-solid colloid cyst.

In the foregoing tables, the weight of the cyst and of its contents have often been guessed at. The letters S, M., and W. denotes respectively single, married, and widow. The letters R. and L. mean the right and left ovary, and the letter which precedes indicates the larger cyst.

My next paper will contain statistics of Drs. Peaslee, W. L. Atlee, Nathan Bozeman, Pallen, Drysdale, Storer, and of other practitioners whose reports have not been received in time for this communication. I shall then give a final analysis of all the cases, together with their results, and shall briefly discuss the question of Listerism. I shall also quote opinions of all leading ovariectomists as to preliminary treatment, and the arrangements to be made prior to the operation by the assistants.

